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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (c)) required)

Attorney Docket Number	IRV1.PAU.40
First Named Inventor	Douglas M. Albert
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A STACKABLE MICROCIRCUIT LAYER FORMED FROM A PLASTIC ENCAPSULATED MICROCIRCUIT AND METHOD OF MAKING THE SAME

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Joseph C. Andras

Address Myers, Dawes & Andras

Address 19900 MacArthur Boulevard, Suite 1150

City	Irvine	State	CA	ZIP	92612
Country	US	Telephone	(714) 444-1199		Fax (714) 444-1198

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Douglas M.	Family Name or Surname	Albert
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Inventor's Signature	<i>Douglas M. Albert</i>	Date	1/25/01
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Residence: City	Yorba Linda	State	CA	Country	US	Citizenship	US
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Mailing Address Irvine Sensors Corporation

Mailing Address 3001 Redhill Avenue, Building 3, Suite 104

City	Costa Mesa	State	CA	ZIP	92626	Country	US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned Inventor

Given Name (first and middle [if any])	Keith D.	Family Name or Surname	Gann
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Inventor's Signature	<i>Keith D. Gann</i>	Date	1/25/01
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Residence: City	Cypress	State	CA	Country	US	Citizenship	US
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Mailing Address Irvine Sensors Corporation

Mailing Address 3001 Redhill Avenue, Building 3, Suite 104

City	Costa Mesa	State	CA	ZIP	92626	Country	US
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-02)

Approved for use through 10/31/2002 OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Douglas M. Albert
Group Art Unit	
Examiner Name	
Attorney Docket Number	IRV1.PAU.40

I hereby appoint:

Practitioners at Customer Number



Place Customer
Number Bar Code
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OR

Practitioner(s) named below:

Name	Registration Number
Joseph C. Andras	33,469

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

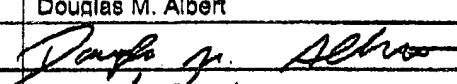
<input checked="" type="checkbox"/> Firm or Individual Name	Joseph C. Andras			
Address	Myers, Dawes & Andras LLP			
Address	19900 MacArthur Boulevard, Suite 1150			
City	Irvine	State	CA	Zip
Country	US			
Telephone	(714) 444-1199	Fax	(714) 444-1198	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name	Douglas M. Albert	
Signature		
Date	12/5/01	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 2 forms are submitted.

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Application Number	
Filing Date	
First Named Inventor	Douglas M. Albert
Group Art Unit	
Examiner Name	
Attorney Docket Number	IRV1.PAU.40

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
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OR

Practitioner(s) named below:

Name	Registration Number
Joseph C. Andras	33,469

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

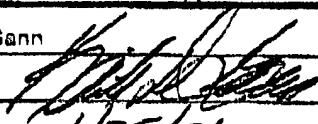
<input checked="" type="checkbox"/> Firm or Individual Name	Joseph C. Andras				
Address	Myers, Dawes & Andras LLP				
Address	19900 MacArthur Boulevard, Suite 1150				
City	Irvine	State	CA	Zip	92612
Country	US				
Telephone	(714) 444-1199	Fax	(714) 444-1198		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Keith D. Gann
Signature	
Date	1/25/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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